

**Minnesota Board of Marriage and Family Therapy
Post Degree Supervised Supervision Log**

Applicant Name: _____ **Dates:** _____ **thru** _____
Supervisor Name: _____

Date	Professional Hours				Other Hours (Specify)	Supervision Provided By:		Totals
	Individual	Group	Couple/Family	Other		Bd. Appr. LMFT	Other Licensed Professional	
Total Previous Hours								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours (This Week)								
Total Hours (Cumulative)								

Site Supervisor or Board Approved Supervisor's Initials _____